

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/889512**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	2		1	/		
4	2		1	/		
5	2		1	/		
6	/		/			
7	/		/			
8	/		/			
9	2		1	/		
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TOTAL IND.	2		5			
TOTAL DEP.	9		7			
TOTAL CLAIMS	14		12			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS